

PPM 520

PHYSICAL & MENTAL RESTORATION SERVICES

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PURPOSE AND SCOPE OF RESTORATION SERVICES

520.01 PURPOSE OF RESTORATION SERVICES

The purpose of Vocational Rehabilitation Program physical and mental restoration services is to secure medical, psychological, and other examinations and assessments, records, reports, and information, as required, to:

(1) complete an assessment for determining eligibility and priority for services, including information required **to—**

(A) establish the presence or absence of a physical or mental impairment,

(B) establish the nature and scope of **any** physical or mental impairment determined to be present **(to obtain a specific diagnosis, determine whether the impairment is stable, slowly progressive, rapidly progressive, or terminal, and secure a prognosis for the impairment with and without treatment),**

(C) aid in the determination of whether or not the impairment constitutes or results for the individual in a substantial impediment to employment,

(D) ascertain whether or not the impairment necessitates that vocational rehabilitation services be provided in order for the individual to prepare for, enter or reenter, or maintain employment,

(E) resolve any questions regarding the presumption that the individual is able to benefit in terms of an employment outcome from the provision of vocational rehabilitation services due to the severity of the impairment, and

(F) assess the significance of the individual's disability for purposes of determining his or her priority for services and eligibility for trial work experiences, an extended evaluation, and/or supported employment services;

(2) complete a comprehensive assessment of vocational rehabilitation needs, if further evaluations are required preparatory to developing or amending an Individualized Plan for Employment (IPE) in order to help determine an appropriate employment outcome, vocational rehabilitation services, and other provisions to be included in the IPE for each eligible individual receiving services;

(3) provide appropriate physical and mental restoration services, in accordance with an approved IPE or IPE amendment;

(4) monitor and evaluate the efficacy of the physical and mental restoration services provided and the progress of the individual toward achieving his or her planned employment outcome; and

(5) determine when to terminate services and close the case.

520.02 SCOPE OF RESTORATION SERVICES

Consistent with the vocational rehabilitation needs of each individual, his or her vocational strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice, and the provisions of this chapter, physical and mental restoration services broadly include any examination, evaluation or assessment, surgical or other procedure, therapeutic treatment, medication, medical device, or other product or service that is prescribed or recommended by a qualified medical or mental health care provider for the diagnosis of any physical or mental impairment or the treatment thereof. As applicable and appropriate in each case, physical and mental restoration services can specifically include:

(1) any medical or psychological examination, evaluation, or assessment by an approved medical or health care source, including related laboratory and other services;

(2) corrective surgery, including, but not limited to, the costs of necessary inpatient hospitalization and outpatient hospital, clinic, and physician services in connection with the surgery together with related medications and supplies, nursing, laboratory, and other services;

(3) therapeutic treatment, including, but not limited to, physical therapy, occupational therapy, and speech and hearing therapy;

- (4) prosthetic and orthotic devices **and related supplies and services**;
- (5) corrective visual services, including eyeglasses, contact lenses, and low-vision aids **and related supplies and services, including** the examinations and other services necessary for their prescription, provision, and fitting;
- (6) hearing aids **and related supplies and services, including** the services necessary for their prescription, provision, and fitting;
- (7) other prescribed medical devices and related supplies **and services, including the services necessary for their prescription, provision, and fitting**;
- (8) corrective dentistry;
- (9) diagnosis and treatment of mental and emotional disorders, including psychiatric and psychological counseling and therapy, and other mental health services;
- (10) referral to appropriate agencies and programs for the treatment of end-stage renal disease, including dialysis, kidney transplantation, artificial kidneys, and related services and supplies; and
- (11) other medical or medically related rehabilitation services necessary to diagnose or treat qualifying physical and mental impairments.

CONDITIONS AND LIMITATIONS OF SERVICE PROVISION

520.03 AUTHORITY FOR DECISIONS REGARDING SERVICE PROVISION

The authority for all decisions regarding the provision of physical and mental restoration services and the allocation and expenditure of program funds in payment for such services is that of the state Vocational Rehabilitation Program solely, can be made only by a qualified Vocational Rehabilitation Counselor or other qualified professional employed by the program in accordance with program policy, and cannot be delegated to any other individual or entity.

520.04 QUALIFYING INDIVIDUALS

Consistent with the provisions of section 520.01 of this chapter, physical and mental restoration services are available and can be provided as state Vocational Rehabilitation Program services only to individuals who are:

- (1) applicants (including applicants participating in trial work experiences or an extended evaluation), to the extent required to determine the presence, nature, and scope of a physical or mental impairment and the current functioning of the individual, as necessary to complete an assessment of eligibility and priority for services; or
- (2) eligible individuals (including eligible individuals receiving post-employment services), to the extent required to complete an assessment of vocational rehabilitation needs, develop or amend an Individualized Plan for Employment (IPE), and provide appropriate restoration services in accordance with the requirements of this chapter.

520.05 QUALIFYING CONDITIONS

Except when provided for the purposes of diagnosis and evaluation, physical and mental restoration services can be provided with Vocational Rehabilitation Program assistance only:

- (1) for medical and mental health conditions diagnosed by a qualified medical or mental health care provider; and

[REQUIRED PRACTICE. Consistent with the provisions of paragraph (1) of this section, state Vocational Rehabilitation Program assistance is not available, and cannot be authorized, for the treatment of any condition that is self diagnosed by the individual or determined by anyone other than a qualified medical or mental health care provider.]

- (2) when the diagnosed medical or mental health condition has been determined by a qualified medical or mental health care provider to be—
 - (A) stable or slowly progressive, or
 - (B) an acute or chronic exacerbation of an otherwise stable or slowly progressive impairment, or

(C) a medical emergency caused by the provision of another restoration service by the Vocational Rehabilitation Program; and

*[REQUIRED PRACTICE. In accordance with paragraph (2) of this section, state Vocational Rehabilitation Program assistance is not available, and cannot be authorized, for the treatment of any condition that represents an emergency, immediate care, or crisis intervention need, unless it occurs as an acute or chronic exacerbation of an otherwise stable or slowly progressive condition (such as a complication arising from diabetes mellitus needing immediate treatment) or as a result of the provision of another restoration service (such as an infection acquired as a result of a procedure performed in a hospital setting with VR support). **It is to be noted in this regard, however, that Vocational Rehabilitation Program assistance cannot be authorized to pay for necessary medical treatment for any condition arising from medical malpractice.**]*

(3) when a determination has been made by a qualified Vocational Rehabilitation Counselor or other qualified professional employed by the state Vocational Rehabilitation Program that the condition constitutes or results for the individual in a substantial impediment to employment.

[REQUIRED PRACTICE. The provision of Vocational Rehabilitation Program assistance cannot be justified based on medical or financial need solely, but must be determined to be vocationally relevant and necessary to effectively address a substantial impediment to employment.]

520.06 QUALIFYING SERVICES

Except when provided for the purposes of diagnosis and evaluation, the state Vocational Rehabilitation Program can provide assistance only for physical and mental restoration services:

(1) to the extent that no private or public health insurance or other comparable services and benefits resource is available to the individual to provide or pay for **the services needed, in whole or in part**;

[REQUIRED PRACTICE. Consistent with the provisions of paragraph (1) of this section, state program funds cannot provide or pay for any physical or mental restoration service in lieu of available comparable services and benefits. Comparable services and benefits must be utilized to the maximum extent available and appropriate, consistent with the requirements described in PPM chapter 600.]

(2) that have been—

(A) prescribed or recommended by a qualified medical or mental health care provider, as described in section 520.07 of this chapter, and

(B) determined by the assigned Vocational Rehabilitation Counselor or another qualified professional employed by the state Vocational Rehabilitation Program to be vocationally relevant and necessary for (required for and expected to contribute substantially to) the individual's achievement of a planned employment outcome;

[REQUIRED PRACTICE. In accordance with paragraph (2) of this section, no assistance is available or can be authorized for any examination, evaluation or assessment, surgical or other procedure, therapeutic or other treatment, medication, medical device, or other product or service that has not been properly prescribed or recommended, including, but not limited to, any goods or services that have been self-prescribed by the individual or recommended by anyone other than a qualified medical or mental health care provider. Further, a medical prescription or recommendation alone is insufficient for service provision. Even where a proper prescription or recommendation is present, the Vocational Rehabilitation Program Counselor must further determine that the prescribed or recommended treatment is vocationally relevant and necessary (i.e., that it is required in order for the individual to achieve the planned employment outcome).]

(3) that can be expected to—

(A) correct or significantly improve the physical or mental impairment, and

(B) eliminate or significantly reduce the substantial impediment to employment, and

(C) accomplish both the required correction or improvement of the physical or mental impairment and the elimination or reduction of the impediment to employment within a reasonable period of time;

[REQUIRED PRACTICE. Except for those restoration services provided for diagnostic and evaluation purposes only, physical and mental restoration services are, by definition, specifically intended to "restore." There is an expectation that every restoration service provided with state Vocational Rehabilitation Program assistance will correct or significantly improve the physical or mental impairment treated and result in the elimination or significant reduction of the substantial impediment to employment, thereby directly enhancing the individual's employability. There is also an expectation that restoration services provided with program assistance will accomplish the required correction or improvement and elimination or reduction within a reasonable period of

time—which is to say within the expected duration of the individual's Vocational Rehabilitation Program participation, as evidenced by the IPE. To that end, regardless of any prescription or recommendation, no Vocational Rehabilitation Program assistance can be provided for any physical or mental restoration service which, based upon the professional judgment of a qualified medical or health care provider, cannot reasonably be expected to produce the required correction or improvement and elimination or reduction for the particular individual in light of his or her particular circumstances or to do so within the appropriate period of time.

In accordance with the requirements of this section, the Vocational Rehabilitation Counselor is required, prior to the initiation of any physical or mental restoration service, to: (1) ascertain what impact the service is likely to have with respect to the correction or improvement of the impairment and the resulting elimination or reduction of the impediment to employment, and its impact on the individual's ability to achieve the planned employment outcome; and (2) authorize only those services that can be demonstrated to present a reasonable expectation of meeting the required criteria. Questions regarding the expected efficacy of treatments and the length of time for which they are prescribed or recommended must be resolved with the prescribing or recommending medical or health care source or by medical consultation prior to service provision.]

(4) that (if the individual is an applicant participating in trial work experiences or an extended evaluation or has been certified eligible for vocational rehabilitation services), are identified as services to be provided **under** a current trial work experiences, extended evaluation, or rehabilitation plan, as applicable; and

(5) that are obtained with the full and prior knowledge, approval, and authorization of the assigned Vocational Rehabilitation Counselor or another qualified professional employed by the state Vocational Rehabilitation Program.

[REQUIRED PRACTICE. Physical or mental restoration costs incurred by an individual or the individual's family without the full and prior knowledge, approval, and authorization of the assigned Vocational Rehabilitation Counselor or other qualified professional employed by the Vocational Rehabilitation Program (including, but not limited to, existing medical and health care debt for services obtained prior to application) cannot be paid for or reimbursed by the Vocational Rehabilitation Program, and are the responsibility of the individual and his or her family.]

SERVICE PROVIDER STANDARDS**520.07 DIAGNOSES, PRESCRIPTIONS, AND RECOMMENDATIONS**

(1) Diagnoses and prescriptions for treatment can be obtained only from:

(A) physicians (medical or osteopathic doctors) licensed by the State of Indiana or by the state in which they practice;

(B) psychologists licensed by the State of Indiana or by the state in which they practice (including school psychologists);

(C) optometrists (for the measurement of visual acuity and visual fields) and ophthalmologists (to determine other aspects of diseases of the eye) licensed by the State of Indiana or by the state in which they practice;

(D) licensed podiatrists (for purposes of establishing impairments of the feet or the feet and ankles, depending on whether the state in which the podiatrist practices permits the practice of podiatry on the foot only, or the foot and ankle); and

(E) (for purposes of establishing speech or language impairments only) speech-language pathologists (SLPs) licensed by the state professional licensing agency, or fully certified by the state education agency, in the state in which he/she practices, or holding a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

(2) Recommendations for treatment can be obtained from any:

(A) qualified diagnosing authority described in paragraph (1) of this section; or

(B) nurse practitioner, physician assistant, certified social worker, or other medical or mental health care professional having any national or state approved or recognized licensing, certification, or registration applicable to the profession or discipline in which the individual practices.

520.08 SERVICE PROVISION

Prescribed or recommended treatments for diagnosed conditions can be authorized for payment from state Vocational Rehabilitation Program funds only:

- (1) to hospitals, clinics, pharmacies, and other health care institutions and facilities that meet all statutory and regulatory standards with respect to accreditation (licensing and certification), health and safety, accessibility, and other requirements applicable to such institutions and facilities;
- (2) in the case of physical restoration services obtained from individual practitioners, to a physician (a doctor of medicine or osteopathy, including, but not limited to, an ophthalmologist, audiologist, dentist, or oral surgeon), or a podiatrist, chiropractor, speech-language pathologist, physical therapist, occupational therapist, nurse, or other medical professional who meets applicable licensing requirements; and
- (3) in the case of mental restoration services obtained from individual practitioners, to a psychiatrist, psychologist (including school psychologist), psychiatric social worker, psychiatric nurse, alcohol or drug addiction specialist, or other mental health professional who meets applicable national or state approved or recognized licensing, certification, or registration requirements.

CONDITIONS AND LIMITATIONS OF SERVICE PROVISION**520.09 FISCAL LIMITATIONS**

The Vocational Rehabilitation Counselor must assure that all physical and mental restoration services are provided in a manner which meets the vocational rehabilitation needs of the individual at the least cost for the program, in accordance with the fiscal accountability requirements described in PPM chapter 600, including all requirements with respect to:

- (1) vocational relevance and necessity;
- (2) the approved trial work experiences, extended evaluation, or rehabilitation plan of the individual;

(3) the full and prior knowledge, approval, and authorization of the state Vocational Rehabilitation Program;

(4) maximum use of available comparable services and benefits;

*[REQUIRED PRACTICE. Vocational Rehabilitation Program assistance **is available** for physical and mental restoration services **other than diagnostic** only to the extent that assistance cannot be secured or paid for from a source other than the program. Comparable services and benefits, including, but not limited to, other federal, state, or local public agencies, public or private health insurance, or employee benefits, must be sought and utilized to the maximum extent possible, in accordance with the comparable services and benefits policies and procedures described in PPM chapter 600 before program assistance can be provided.]*

(5) adherence to all applicable approved fee schedules and purchase of service and other agreements;

(6) in-state and local community service preferences; and

(7) financial participation requirements.

[REQUIRED PRACTICE. After the application of available comparable services and benefits, the individual and/or the family of the individual may be required to meet all or a portion of the remaining costs of physical and mental restoration services provided pursuant to the individual's IPE, in accordance with the financial participation policies and procedures described in PPM chapter 610.]

520.10 GENERAL SERVICE PROHIBITIONS

Vocational Rehabilitation Program assistance is not available, and cannot be authorized:

(1) for the provision of physical and mental restoration services for any individual not qualifying for such assistance in accordance with section 520.04 of this chapter;

(2) to provide physical and mental restoration services to address any condition not qualifying for such assistance in accordance with section 520.05 of this chapter; or

(3) for any service not qualifying for such assistance in accordance with section 520.06.

520.11 SPECIFIC SERVICE PROHIBITIONS

Vocational Rehabilitation Program assistance is not available, and cannot be provided, for:

(1) the payment of public or private medical, vision, or dental insurance premiums, deductibles, or co-pays;

(2) the payment of any **costs for services incurred by the individual or the individual's family without the full and prior knowledge, approval, and authorization of the assigned Vocational Rehabilitation Counselor or another qualified professional employed by the state Vocational Rehabilitation Program (including, but not limited to, any existing indebtedness of the individual or the family of the individual for medical or other health care costs incurred prior to application for vocational rehabilitation services)**;

(3) routine medical care, including, but not limited to—

(A) routine regular medical, visual, or dental check-ups,

(B) general physical examinations or immunizations (unless specifically required for an individual to participate in another planned service or for job placement, when not typically paid for by the service provider or employer for other employees who do not have disabilities),

(C) any drug or alcohol screening required by **a service provider, employer, or potential employer as a condition of service provision, hire, or job retention (unless not typically paid for by the service provider or employer for other individuals who do not have disabilities), or**

(D) any dental, visual, or other procedures that are not specifically corrective in nature (such as regular, routine dental cleanings, fluoride treatments, and fillings, and visual examinations);

(4) ongoing medical or mental health maintenance services (such as ongoing medication needs or ongoing mental health counseling or therapy);

[REQUIRED PRACTICE. The Vocational Rehabilitation Program is not a medical or mental health care insurer for people with disabilities, and VR services are not intended

to provide for the comprehensive or long-term medical or mental health care needs of any individual. Program physical and mental restoration services are limited in both scope and duration, and ongoing medical or mental health maintenance needs (meaning services of an indeterminate number required on a continuous or repetitive basis over an extended or indefinite period of time) must be met using comparable service and benefit resources, including other federal, state, or local public agencies, public or private health insurance, or employee benefits, or by the individual or the family of the individual. The Vocational Rehabilitation Counselor must assure that individuals requiring ongoing medical or mental health maintenance services are referred to appropriate alternative funding sources.]

(5) the treatment of medical complications or emergencies not directly related to the physical or mental impairment on the basis of which vocational rehabilitation services have been predicated or not directly caused by other physical or mental restoration services provided by the state Vocational Rehabilitation Program (including, but not limited to, the services of an immediate care facility, medical clinic, hospital emergency room, emergency medical technicians, or ambulance services for the treatment of accidental injuries or acute illnesses);

(6) the treatment of complications or emergencies resulting from medical malpractice by any medical services provider **or the payment of any related legal or other costs;**

(7) the treatment of minor illnesses or conditions that are transient and will resolve spontaneously with time (such as a cold, the flu, or a sprain), conditions which impose no impediment, or only a limited impediment, to program participation and employment (such as chronic sinusitis), or conditions that can be resolved by standard medical treatment without any residual impediment to program participation and employment (such as tonsillitis, appendicitis, hernias, and broken bones);

(8) any over-the-counter medications **or non-prescription devices or equipment;**

(9) any alternative medical device, product, or treatment, unless—

(A) no standard treatment has been prescribed or recommended by a qualified medical or mental health care provider, and

(B) there is a specific prescription or recommendation **from a qualified medical or mental health care provider** for the alternative medical device, product, or service, and

(C) there is a reasonable expectation that the alternative medical device, product, or treatment will produce the requisite correction or improvement of the condition and elimination or reduction of the substantial impediment to employment within a reasonable period of time;

(10) duplicative **e m** medical devices or equipment (including, but not limited to, the concurrent provision of duplicate eyeglasses or contact lenses, hearing aids, wheelchairs, or prosthetic and orthotic appliances) the sole purpose of which is to **provide** backup, secondary devices or equipment in the event of **temporary or permanent** loss of use of the primary devices or equipment;

(11) any goods or services for the treatment of infertility, **b** birth control, pregnancy, or child birth, including, but not limited to—

(A) infertility counseling, therapy, treatments, or procedures,

(B) birth control devices, medications, procedures, or services (such as contraceptives, tubal ligation, hysterectomy, or vasectomy),

(C) pregnancy, maternity, or pediatric care for a mother or child (including, but not limited to, pregnancy testing and prenatal, birthing, or post-natal care), and

(D) abortion;

(12) the treatment of sexually transmitted diseases;

(13) organ implants or transplants, including, but not limited to, artificial heart implants and heart, lung, and other organ transplants;

[REQUIRED PRACTICE. Individuals requiring implants or transplants will generally not meet the requirement that their medical condition be stable or slowly progressive as a precondition for service provision. In addition, such individuals are frequently unable to sustain their participation in services or to accept immediate employment.]

- (14) in-home nursing or other in-home medical services;
- (15) surgical gender reassignment or any related services, including, but not limited to, hormone therapy, depilation, or cosmetic surgery;
- (16) elective cosmetic treatments and surgeries (such as breast enlargements, reductions, or implants, rhinoplasty, depilation, hair transplants or hair restoration, liposuction, cellulite removal, tattoo removal, or similar treatments of a purely cosmetic nature);

*[REQUIRED PRACTICE. **Notwithstanding the prohibition stated in paragraph (16) of this section,** cosmetic treatments and surgeries provided as prescribed treatments for diagnosed physical impairments such as burn injuries or cleft palate are not considered to be elective, and are permitted.]*

- (17) the participation of the individual in any clinical trial or other medical research (including any related program maintenance, program transportation, personal assistance, or services to family members);
- (18) any product, procedure, or other service not specifically approved by the FDA or permitted under 21 USC 360f for the physical or mental impairment under treatment;
- (19) any product, procedure, or other service incidental to the physical or mental impairment and its correction or improvement that is intended solely to promote general health and wellbeing, including, but not limited to—
 - (A) hypnosis for weight loss, smoking cessation, or similar purposes,
 - (B) diet foods, vitamin, mineral, or herbal supplements, and
 - (C) home exercise equipment or spa or health club memberships;
- (20) veterinary care for service animals;
- (21) hospice care, assisted suicide, or euthanasia; or
- (22) payment for any mortuary services, interment, or other final expenses.

520.12 MAINTENANCE, REPAIR, AND REPLACEMENT OF MEDICAL AND OTHER DEVICES AND EQUIPMENT**(1) MAINTENANCE FOR MEDICAL AND OTHER DEVICES AND EQUIPMENT**

The costs of maintenance for existing medical or assistive technology devices or equipment (including, but not limited to, hearing aids, eyeglasses, wheelchairs, artificial limbs, personal computers, and similar items) are the responsibility of the individual or the family of the individual, and cannot be paid for with state Vocational Rehabilitation Program funds.

[REQUIRED PRACTICE. Included in the prohibition under paragraph (1) of this section is the use of state Vocational Rehabilitation Program funds for manufacturer's recommended maintenance and other general, routine, or regularly scheduled preventive maintenance.]

(2) REPAIR OF MEDICAL AND OTHER DEVICES AND EQUIPMENT

Repair costs for existing medical or assistive technology devices or equipment (including, but not limited to, hearing aids, glasses, wheelchairs, artificial limbs, personal computers, and similar items), can be paid for with state Vocational Rehabilitation Program funds only when, on an individualized, cases-by-case basis, such repairs are required for:

(A) the individual to access and participate in other planned VR services (where the other services are identified by the individual's IPE as yet to be provided or to be continued); or

(B) job retention (where there is clear and convincing evidence of the threat of job loss).

[REQUIRED PRACTICE. Program assistance for meeting the costs of consumables (such as hearing aid and wheelchair batteries, wheelchair tires, stump socks, and similar other parts and supplies) are not permitted under paragraph (2) of this section, and are the responsibility of the individual or the family of the individual.]

(3) REPLACEMENT OF MEDICAL AND OTHER DEVICES AND EQUIPMENT

State Vocational Rehabilitation Program assistance is available for the replacement of existing medical or assistive technology devices or equipment with new devices or equipment (including the purchase of new hearing aids, glasses, wheelchairs, artificial limbs, personal computers, and similar items), only if replacement is required based on a determination that the original device or equipment no longer meets the continuing vocational rehabilitation needs of the individual because:

(A) changes in the individual's physical or mental impairment have resulted in a substantially revised prescription requiring different devices or equipment; or

(B) changes in the conditions of the individual's employment have resulted in different job duties which make different devices or equipment necessary for purposes of job performance; or

(C) the replacement of existing devices or equipment is required for job retention, where there is clear and convincing evidence of the threat of job loss.

[REQUIRED PRACTICE. In accordance with paragraph (3) of this section, Vocational Rehabilitation Program assistance is available, and can be authorized, for the replacement of existing medical or assistive technology devices or equipment only when replacement is necessitated by changes in the individual's disability or conditions of employment, or for job retention purposes. In all such cases, the substantial changes in the impairment or employment, or the threat of job loss by the individual, must be identified and documented. Replacement of existing devices or equipment is not available for any other reasons, including, but not limited to, the desire to upgrade merely because a new or improved model is available or the fact that the value of the device or equipment has been zeroed out by depreciation for accounting purposes.]

520.13 FAILURE TO APPEAR FOR APPOINTMENTS

The individual is expected to be available and to appear for all examination, evaluation, testing, fitting, and other scheduled appointments, or to cancel and reschedule all such appointments on a timely basis, as required by the

service provider to avoid charges for any failure to appear ("no-show"). The individual is required to notify the Vocational Rehabilitation Counselor at once in the event that any service must be canceled and rescheduled. Repeated or habitual failures to appear for scheduled appointments may result in denial by the state Vocational Rehabilitation Program of requests to pay for or reimburse the costs of provider charges for failures to appear, and may result in case closure based on an individual's failure to cooperate.

*[REQUIRED PRACTICE. The Vocational Rehabilitation Counselor must assure that each applicant and eligible individual is notified of the expectation that they be available and appear for scheduled appointments, **that they must inform the Counselor regarding scheduling and transportation needs and notify the Counselor regarding all missed appointments**, and that three **or more** failures to appear without good cause will result in program denial of all subsequent charges **for missed appointments** and the referral of the provider to the individual for their payment.]*

520.14 SECOND OPINIONS

Any applicant or eligible individual who disagrees with any diagnosis or prescribed or recommended treatment rendered by a qualified medical or mental health care provider may make an informed choice to seek a second opinion; however, state Vocational Rehabilitation Program funds can be authorized to pay for or reimburse the costs of obtaining second or subsequent opinions only to the extent that the assigned Vocational Rehabilitation Counselor or other qualified professional employed by the state Vocational Rehabilitation Program has first determined that the second opinion is required for purposes of Vocational Rehabilitation Program participation (such as to establish Vocational Rehabilitation Program eligibility, determine vocational rehabilitation needs, or identify treatment options). In all other instances, all costs associated with securing second and subsequent opinions are the responsibility of the individual or the family of the individual.

SPECIFIC CONDITIONS AND SERVICE NEEDS

520.15 INDIVIDUALS WITH IMMEDIATE MEDICAL AND MENTAL HEALTH CARE NEEDS

All individuals must be determined to be eligible for services under the state Vocational Rehabilitation Program and have a written plan of services in

place prior to the provision of any substantial physical and mental restoration services. Consequently:

(1) no referral or applicant will be accepted for services, and a record of services will not be opened, for individuals who—

(A) are referred or have made application to the state Vocational Rehabilitation Program for substantial services that are medically required on an immediate basis or have been medically pre-scheduled for major medical procedures without sufficient time to determine eligibility and develop an appropriate plan of services, or

(B) who will require a lengthy period of subsequent stabilization and recovery during which the individual will be unavailable or medically unable to participate fully and meaningfully in the assessment and plan development processes or for whom the course of medical stabilization and recovery is expected to be such that residual functional deficits cannot adequately be assessed to determine the individual's substantial impediment to employment, ability to benefit, or specific service needs within the timeliness requirements of the program, or

(C) whose sole or primary basis for referral and application is to secure resources for the payment of imminent medical expenses; and

(2) referrals and applications declined for the reasons described in paragraph (1) of this section must be informed that they may apply for vocational rehabilitation services when they are able to participate in the eligibility determination and plan of services development processes and a determination regarding their substantial impediment to employment, ability to benefit, and specific service needs can be made.

[REQUIRED PRACTICE. Individuals who require substantial and immediate medical or mental health care (such as surgery or hospitalization) or a lengthy period of subsequent stabilization will not typically present physical or mental impairments that are stable or slowly progressive, as required for service provision, and will not typically be available or able to participate fully and effectively in eligibility determination, plan development, and services provision, or to accept employment.]

520.16 INDIVIDUALS WITH VISUAL IMPAIRMENTS**(1) NATURE AND SCOPE OF VISUAL RESTORATION SERVICES**

As required to meet the vocational rehabilitation needs of each applicant or eligible individual and consistent with the individual's informed choice and the requirements of this chapter, visual restoration services provided with program funds may include the provision of:

(A) optometric and ophthalmologic examinations necessary to determine and assess visual acuity (the presence and degree of hyperopia, myopia, presbyopia, astigmatism, and other visual deficiencies requiring correction) and diseases, injuries, and other conditions of the eyes;

(B) the prescription and provision of conventional corrective lenses or other therapeutic treatment;

(C) the prescription and provision of low-vision aids (including telescopic and microscopic lenses and other special visual aids and the provision of instruction for their proper use and care);

(D) orthoptics, pleoptics, and visual training services;

(E) the provision of ocular prosthetics; and

(F) eye surgery and related services.

(2) REQUIRED DIAGNOSTIC EVALUATIONS

(A) A prescription **n** by a licensed optometrist or ophthalmologist is required prior to the provision of any visual restoration service.

(B) Any optometric or ophthalmologic evaluation prescribed or recommended as a consequence of other diagnostics (such as a general medical evaluation) must be provided.

(C) The individual must be referred to a physician skilled in the diseases of the eye (an ophthalmologist) for evaluation, diagnosis, and possible treatment when any optometric or other evaluation discloses an indication of **any** pathology of the eye.

(3) QUALIFYING INDIVIDUALS

An individual must be an eligible individual or an applicant participating in trial work experiences or an extended evaluation in order to receive state Vocational Rehabilitation Program assistance for visual evaluation or restoration services.

(4) PROHIBITED SERVICES

Vocational Rehabilitation Program funds cannot be authorized for:

- (A) general, routine **visual** examinations on a recurring basis;

*[REQUIRED PRACTICE. In accordance with the prohibition established in paragraph (4)(A) of this section, an optometric examination can be provided only: (1) when required to complete an assessment to establish eligibility or ineligibility and priority for services (i.e., to diagnose and assess the severity of hyperopia, myopia, presbyopia, astigmatism, glaucoma, cataract, or other visual conditions); and (2) to complete an assessment of vocational rehabilitation needs (i.e., to obtain an evaluation of functional impairment and a prescription or recommendation for treatment). Subsequent optometric examinations needed (such as routine annual eye examinations to redetermine refraction needs and to reassess the individual for glaucoma or other visual conditions) cannot be provided with program funds, but must be paid for from personal or public health insurance, other comparable services and benefits resources, or by the individual or family out of pocket. **See also PPM 520.11(3) in this regard.**]*

- (B) general, routine maintenance or repair of existing eyeglasses or other corrective lenses or visual devices;

*[REQUIRED PRACTICE. Vocational Rehabilitation Program funds cannot be authorized for items or services such as cleaning solutions, or the reattachment or replacement of earpieces, nosepieces, or screws. **See also PPM 520.12(1) and (2).**]*

- (C) the replacement of existing eyeglasses, contact lenses, or other visual devices, except when replacement is permitted in accordance with section **520.12(3)** of this chapter;

[REQUIRED PRACTICE. It is not the purpose of the Vocational Rehabilitation Program to serve the comprehensive ongoing vision care needs of any individual or act in the capacity of vision care insurer. Vocational Rehabilitation Program funds may be authorized for the provision of only one (1) pair of glasses or one (1) pair of contact lenses. Subsequent replacement eyewear must be purchased using personal or public health insurance or other comparable services and benefits resources, or paid for by the

individual or family out of pocket, unless the specific conditions of PPM 520.12(3) are met.]

- (D) the provision of duplicate corrective lenses or other devices;

[REQUIRED PRACTICE. Vocational Rehabilitation Program funds cannot be authorized to provide secondary, backup pairs of glasses, contact lenses, or other visual devices. See also PPM 520.11(10).]

- (E) cosmetic (non-refractive) contact lenses, unless prescribed as prosthetic devices; or

- (F) **any** over-the-counter items **or non-prescription devices or equipment**, such as non-prescription reading or sunglasses, hand-held magnifiers, eye drops, and similar items and preparations.

(5) OTHER LIMITATIONS

Conditions of the eye that are correctable to normal vision (20/20) by ordinary eyeglasses or contact lenses (such as myopia, hyperopia, astigmatism, presbyopia, amblyopia, or strabismus) do not, in and of themselves, constitute a physical or mental impairment for purposes of program eligibility or **establish** a rationale for the provision of services.

(6) REQUIRED DOCUMENTATION

Whenever visual restoration services **which are other than diagnostic** are provided, the record of services for the individual must minimally include:

- (A) a prescription or recommendation obtained from an optometrist or ophthalmologist, as appropriate, prior to service provision;

- (B) information describing the extent to which the visual impairment limits or is likely to limit the work activities of the individual and the probable vocational benefit of the services provided; and

- (C) a written authorization completed prior to or at the time of service provision.

520.17 INDIVIDUALS WITH HEARING IMPAIRMENTS**(1) NATURE AND SCOPE OF HEARING RESTORATION SERVICES**

As required to meet the vocational rehabilitation needs of each applicant or eligible individual and consistent with the individual's informed choice and the requirements of this chapter, hearing restoration services provided with program funds may include the provision of:

(A) otological and audiometric examinations necessary to establish and evaluate hearing loss and the presence and degree of diseases and injuries to the ear and other conditions requiring correction;

(B) the prescription and provision of corrective hearing aids and other therapeutic treatments;

(C) auditory training services; and

(D) ear surgery and related services.

(2) REQUIRED DIAGNOSTIC EVALUATIONS

(A) Prior to the provision of any hearing aid, auditory training, surgery, or other therapeutic treatment, an evaluation by an otologist is required which demonstrates that the individual evaluated can benefit **vocationally** from the service prescribed or recommended.

(B) If hearing aids are prescribed or recommended, an evaluation by a licensed audiologist (not a hearing aid dealer) is required in addition to the otological evaluation, to establish the particular level of amplification and necessary characteristics of the aid(s) prior to their being provided.

(C) Any otological or audiological evaluation prescribed or recommended as a consequence of other diagnostics (such as a general medical evaluation) must be provided.

(3) QUALIFYING INDIVIDUALS

An individual must be an eligible individual or an applicant participating in trial work experiences or an extended evaluation in order to receive state

Vocational Rehabilitation Program assistance for hearing evaluation or restoration services.

(4) PROHIBITED SERVICES

Vocational Rehabilitation Program funds cannot be authorized for:

- (A) general, routine hearing examinations on a recurring basis;

*[REQUIRED PRACTICE. In accordance with the prohibition established in paragraph (4)(A) of this section, an otological or audiometric examination can be provided only: (1) when required to complete an assessment to establish eligibility or ineligibility and priority for services (i.e., to diagnose and assess the presence and degree of hearing loss); and (2) to complete an assessment of vocational rehabilitation needs (i.e., to obtain an evaluation of functional impairment and a prescription or recommendation for treatment). Subsequent hearing examinations and evaluations needed cannot be provided with program funds, but must be paid for from personal or public health insurance, other comparable services and benefits resources, or by the individual or family out of pocket. **See also PPM 520.11(3) in this regard.**]*

- (B) general, routine maintenance or repair of existing hearing aids;

*[REQUIRED PRACTICE. General, routine maintenance and repairs (e.g., the repair or replacement of batteries, tubes, ear molds) are the responsibility of the individual or the family of the individual. **See also PPM 520.12(1) and (2).**]*

- (C) replacement of existing hearing aids, except when replacement is permitted in accordance with section **520.12(3)** of this chapter; or

*[REQUIRED PRACTICE. It is not the purpose of the Vocational Rehabilitation Program to serve the comprehensive ongoing hearing care needs of any individual or act in the capacity of hearing care insurer. Vocational Rehabilitation Program funds may be authorized for the provision of only one hearing aid (or pair of aids in cases of bilateral hearing loss). Subsequent replacement aids must be purchased using personal or public health insurance or other comparable services and benefits resources, or paid for by the individual or family out of pocket, unless the specific conditions of PPM **520.12(3)** are met.]*

- (D) the provision of duplicate hearing aids or other devices.

*[REQUIRED PRACTICE. Vocational Rehabilitation Program funds cannot be authorized to provide secondary, backup aids or other devices. **See also PPM 520.11(10).**]*

(5) OTHER LIMITATIONS

(A) As required to meet the vocational rehabilitation needs of each applicant or eligible individual and consistent with the individual's informed choice and the requirements of this chapter, hearing aids provided with program funds may include only:

- (1) the hearing aid (or aids, if bilateral);
- (2) one case per aid;
- (3) cleaning tools;
- (4) one packet of batteries per aid; and
- (5) the manufacturer's warranty (excluding extended warranties, which must be purchased by the customer, if desired).

(B) If Occupational Safety and Health Administration (OSHA) rules require ear protection in the primary work environment, the state Vocational Rehabilitation Program cannot purchase hearing aids for use in the workplace.

(C) Assistive devices and services for individuals who are hard of hearing, including, but not limited to, text telephone/telecommunication devices for the deaf (TTY/TDDs), D-Links, Voice Carry-Over (VCO), or captioned telephones cannot be purchased using state Vocational Rehabilitation Program funds.

[REQUIRED PRACTICE. The devices described in paragraph (5)(C) are provided free of charge by another resource (InTRAC).]

(D) Alpha pagers cannot be purchased with state Vocational Rehabilitation Program funds for individuals who are deaf or hard of hearing, unless required to meet specific employment needs. Monthly service fees for pagers cannot be paid for with program funds.

(6) REQUIRED DOCUMENTATION

Whenever hearing restoration services **which are other than diagnostic** are provided, the record of services for the individual must minimally include:

(A) a prescription or recommendation obtained from an otologist or audiologist, as appropriate, prior to service provision;

(B) information describing the extent to which the hearing impairment limits or is likely to limit the work activities of the individual and the probable vocational benefit of the services provided; and

(C) a written authorization completed prior to or at the time of service provision.

520.18 DENTAL RESTORATION SERVICES

(1) NATURE AND SCOPE OF DENTAL RESTORATION SERVICES

As required to meet the vocational rehabilitation needs of each applicant or eligible individual and consistent with the individual's informed choice and the requirements of this chapter, dental restoration services provided with program funds may include the provision of:

(A) oral examinations and x-rays necessary to determine and assess oral health and the presence, scope, and recommendations for the treatment of oral diseases and conditions of the teeth, gums, and supporting tissues;

(B) endodontics, orthodontics, and periodontics;

(C) the provision of oral prosthetics; and

(D) oral surgery and related services.

(2) REQUIRED DIAGNOSTIC EVALUATIONS

(A) A prescription by a licensed dentist, oral surgeon, or other dental services provider is required prior to the provision of any visual restoration service.

(B) Any dental evaluation prescribed or recommended as a consequence of other diagnostics (such as a general medical evaluation) must be provided.

(C) When any dental examination discloses an indication of pathology of the teeth, gums, or supporting tissues, the individual must be referred for endodontic, orthodontic, periodontic or other evaluation, diagnosis, and possible treatment.

(3) QUALIFYING INDIVIDUALS

An individual must be an eligible individual or an applicant participating in trial work experiences or an extended evaluation in order to receive state Vocational Rehabilitation Program assistance for dental evaluation or restoration services.

(4) PROHIBITED SERVICES

Vocational Rehabilitation Program funds cannot be authorized for:

(A) general, routine dental examinations on a recurring basis;

[REQUIRED PRACTICE. In accordance with the prohibition established in paragraph (4)(A) of this section, a dental examination can be provided only: (1) when required to complete an assessment to establish eligibility or ineligibility and priority for services (i.e., to diagnose and assess the severity conditions of the teeth, gums, and supporting structures); and (2) to complete an assessment of vocational rehabilitation needs (i.e., to obtain an evaluation of functional impairment and a prescription or recommendation for treatment). Subsequent dental examinations needed (such as routine annual dental examinations to redetermine oral health and to reassess the individual for periodontic disease or other dental conditions) cannot be provided with program funds, but must be paid for from personal or public health insurance, other comparable services and benefits resources, or by the individual or family out of pocket. See also PPM 520.11(3) in this regard.]

(B) the provision of any dental services that are not restorative, including preventive treatments (such as fluoride treatments and cleanings);

(C) general, routine maintenance or repair of existing braces, retainers, dentures, or similar devices;

(D) the replacement of existing braces, retainers, dentures, or other oral prosthetics, orthotics, or other devices;

*[REQUIRED PRACTICE. It is not the purpose of the Vocational Rehabilitation Program to serve the comprehensive ongoing dental care needs of any individual or act in the capacity of dental care insurer. Vocational Rehabilitation Program funds may be authorized for the provision of one (1) set of braces, dentures, and/or similar items, when prescribed and determined necessary to complete an assessment of eligibility to establish eligibility or ineligibility and priority for services or an assessment of vocational rehabilitation needs, for the individual to participate in other program services being provided (such as a training program), or to meet work requirements for job placement. Subsequent dental prosthetics, orthotics, and other devices must be purchased using personal or public health insurance or other comparable services and benefits resources, or paid for by the individual or family out of pocket. **See also PPM 520.12(1) and (2) with regard to paragraph (4)(C), and PPM 520.12(3) with regard to paragraph (4)(D).**]*

(E) the provision of duplicate braces, retainers, dentures, or other oral prosthetics, orthotics, lenses or other devices;

*[REQUIRED PRACTICE. Vocational Rehabilitation Program funds cannot be authorized to provide secondary, backup braces, retainers, dentures, or other oral prosthetics, orthotics, or similar devices. **See also PPM 520.11(10).**]*

(F) cosmetic procedures, including, but not limited to, polishing and whitening treatments; or

(G) over-the-counter items, such as toothpastes, tooth brushes, polishing and whitening preparations, picks, floss, mouthwash, or similar items and preparations.

(5) OTHER LIMITATIONS

Conditions that are correctable by ordinary dental treatment (such as caries, gum abscess, or the need for multiple extractions **preparatory to**

the provision of dentures) do not, in and of themselves, constitute a physical or mental impairment for purposes of program eligibility or **establish** a rationale for the provision of dental restoration services.

(6) REQUIRED DOCUMENTATION

Whenever dental restoration services **which are other than diagnostic** are provided, the record of services for the individual must minimally include:

(A) a prescription or recommendation obtained from a dentist, endodontist, orthodontist, periodontist, oral surgeon, or other dental or oral health care provider prior to service provision;

(B) information describing the extent to which the dental impairment limits or is likely to limit the work activities of the individual and the probable vocational benefit of the services provided; and

(C) a written authorization completed prior to or at the time of service provision.

520.19 CONDITIONS REQUIRING CONTINUING TREATMENT

(1) Vocational Rehabilitation Program assistance is available and can be provided for services **consisting of** multiple treatments or sessions over a **specified** period of time (such as physical or occupational therapy, chiropractic services, or psychiatric or psychological therapy) only if the anticipated number of treatments and the period of time over which they will be required are finite and specified by prescription or recommendation obtained from a qualified medical or mental health care provider.

(2) Vocational Rehabilitation Program assistance for such services is limited initially to the number of treatments or sessions and period of time specified by the prescription or recommendation obtained. The number or duration of treatments can be extended with state Vocational Rehabilitation Program assistance only:

(A) after receipt of a report provided upon completion of the treatments of sessions previously prescribed or recommended showing satisfactory progress of the individual toward meeting the goals of

treatment and including a prescription or recommendation for continued services; and

(B) upon a determination made by the Vocational Rehabilitation Counselor or other qualified professional employed by the state Vocational Rehabilitation Program that continuation of the services can reasonably be expected to contribute substantially to the individual's achievement of the planned employment outcome and that continuation of treatment is consistent with the policies and procedures described in this chapter.

(3) In no case can the record of services be kept open or any post-employment services program be initiated solely for the purpose of providing medical or mental health care services as a continuing employment support.

*[REQUIRED PRACTICE. The multiple-treatment services permitted under this section are limited to services for which a finite number of sessions has been specified as to be provided over the course of a limited period of time, and are not to be confused with ongoing medical or mental health maintenance services (open-ended with respect to number of sessions or period of time). **Program assistance for ongoing medical and mental health maintenance is categorically prohibited** in accordance with section 520.11(4) of this chapter. Vocational Rehabilitation Program assistance for services involving multiple treatments or sessions must be terminated whenever: (1) continuation of the services fails to produce satisfactory progress toward meeting the purpose for which they are being provided; (2) the need for continued services becomes an ongoing medical or mental health maintenance need; or (3) closure of the record of services is determined to be appropriate.]*

520.20 END-STAGE RENAL DISEASE SERVICES

Vocational Rehabilitation Program funds are not authorized for kidney dialysis, kidney transplantation, artificial kidneys, or related services and supplies because comparable services and benefits available through other programs provide or assist in the provision of these services.

[REQUIRED PRACTICE. Persons with end-stage renal disease should in most cases already be in contact with such programs through nephrologists or renal services social workers. If such is not the case, the Vocational Rehabilitation Counselor must refer the individual to the National Kidney Foundation of Indiana (1-800-382-9971).]

RECORD OF SERVICES DOCUMENTATION REQUIREMENTS**520.21 RECORD OF SERVICES CONTENT REQUIREMENTS**

Documentation in the record of services for the individual regarding each physical and mental restoration service provided must include:

(1) documentation establishing that the individual was an applicant or eligible program participant at the time of service provision, consistent with the requirements of section 520.04 of this chapter;

(2) documentation demonstrating, **as per section 520.05**, that the physical or mental impairment receiving treatment—

(A) was diagnosed by a qualified medical or mental health care provider,

(B) was stable or slowly progressive, an acute or chronic exacerbation of an otherwise stable or slowly progressive condition, or a medical emergency arising directly from the provision of another restoration service by the state Vocational Rehabilitation Program, and

(C) was determined by the Vocational Rehabilitation Counselor to constitute or result in a substantial impediment to employment;

(3) documentation demonstrating, as required by section 520.06 of this chapter, that the service provided—

(A) could not be provided or paid for by comparable services and benefits (**in which regard** see also section 520.09),

(B) was prescribed or recommended by a qualified medical or mental health care provider **and** determined by the Vocational Rehabilitation Counselor to be vocationally appropriate and necessary, expected to contribute substantially to the individual's achievement of his or her planned employment outcome,

(C) was expected to correct or substantially improve the physical or mental impairment, eliminate or reduce the substantial impediment to

employment, and accomplish the expected correction/improvement and elimination/reduction within a reasonable period of time,

(D) was identified in the individual's IPE or other plan of services as to be provided, and

(E) was obtained with the full and prior knowledge, approval, and authorization of the assigned Vocational Rehabilitation Counselor;

(4) subject to **section** 520.09 of this chapter and PPM chapter 610, documentation of any financial participation requirement (or lack thereof) applicable to the restoration services provided;

(5) documentation sufficient to show that the individual has received information from the Vocational Rehabilitation Counselor pertinent to missed appointments and second opinions, consistent with sections 520.13 and 520.14 of this chapter;

(6) evidence sufficient to demonstrate that any **immediate care**, visual, hearing, dental, **multiple-treatment**, and **end-stage renal s** services provided were provided in accordance with the requirements of sections **520.15, 520.16, 520.17, 520.18, 520.19, and 520.20**, as applicable;

(7) all written medical and mental health reports, evaluations, or assessments secured for purposes of the individual's vocational rehabilitation;

(8) all authorizations, billings, claim-vouchers, and other fiscal documentation pertinent to all restoration services provided; and

(9) all narrative case notes necessary to explain or justify the services provided.

520.22 INFORMATION TECHNOLOGY SYSTEM COMPLIANCE

All required information, data, and documents must be incorporated and maintained in the record of services for the individual in a manner consistent with Indiana Rehabilitation Information System (IRIS) requirements.

[AUTHORITY: Federal regulations 34 CFR §§361.5(b)(4), (6), (10), (15), (16), (40), (41), and (52); 361.13(c); 361.42; 361.45(a)(2), 361.45(b); 361.46; 361.47; 361.48(e); 361.50; 361.51; 361.52; 361.53; 361.54.]

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